



PO Box 575
Athabasca, AB T9S 2A5
Phone 780-675-1111
www.valion.ca

Credit Application

Business Information

Legal Name: _____

Operating As: _____

Phone Number: _____ Fax Number: _____

Business Address: _____

City: _____ Province: _____ Postal Code: _____

Billing Address (if different from above): _____

City: _____ Province: _____ Postal Code: _____

Invoicing by email: (Circle one) Yes No

If yes, email address: _____

Do you still require a copy by regular mail: (Circle one) Yes No

Business Type: (Circle one) Corporation Proprietorship Partnership

In business since: _____

Are you tax exempt? (Circle one) Yes No

If yes, attach copy of Tax Exempt Certificate

GST#: _____

Credit Limit Requested: \$ _____

Purchase Order Required: Yes No

Banking Information

Institution Name: _____

Address: _____

Branch #: _____ Contact Name: _____

Phone Number: _____ Fax Number: _____

Industrial
Health
Safety
Environment



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Trade References

Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Account Number: _____

Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Account Number: _____

Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Account Number: _____

I/we hereby certify that the above information is correct. I/we understand and agree to honour the terms of which Aggressive Training Services grants credit.

- 1) The Applicant agrees to pay for services/products in full 30 days from invoice date.
- 2) Overdue interest will be charged at a rate of 2.0% per month (24% per annum) on all over due accounts.
- 3) Your signature shall also be your consent to any credit reporting agency, bank or other services to release information to Aggressive Training Services for purpose of extending a line of credit.

Name and Title (Please Print): _____

Signature

Date

Email completed and signed application to admin@valion.ca

**Industrial
Health
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